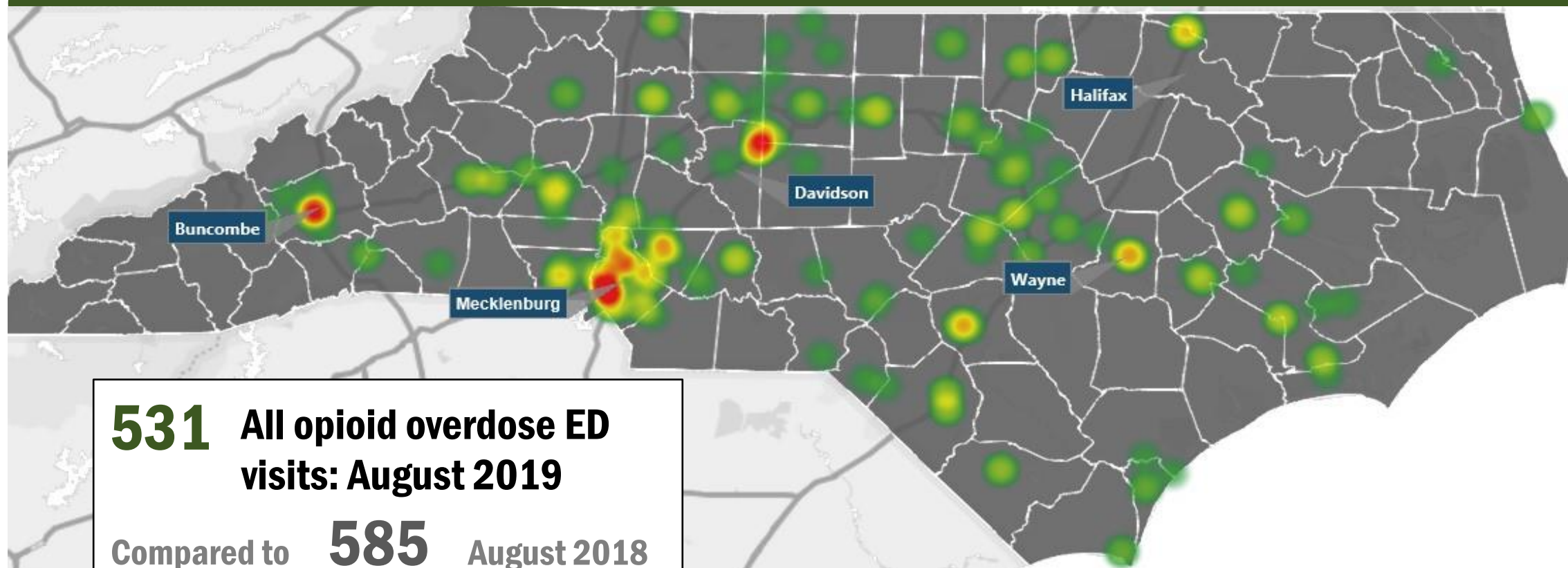


ALL OPIOID OVERDOSE ED VISITS: NORTH CAROLINA, AUGUST 2019



531 All opioid overdose ED visits: August 2019

Compared to **585** August 2018

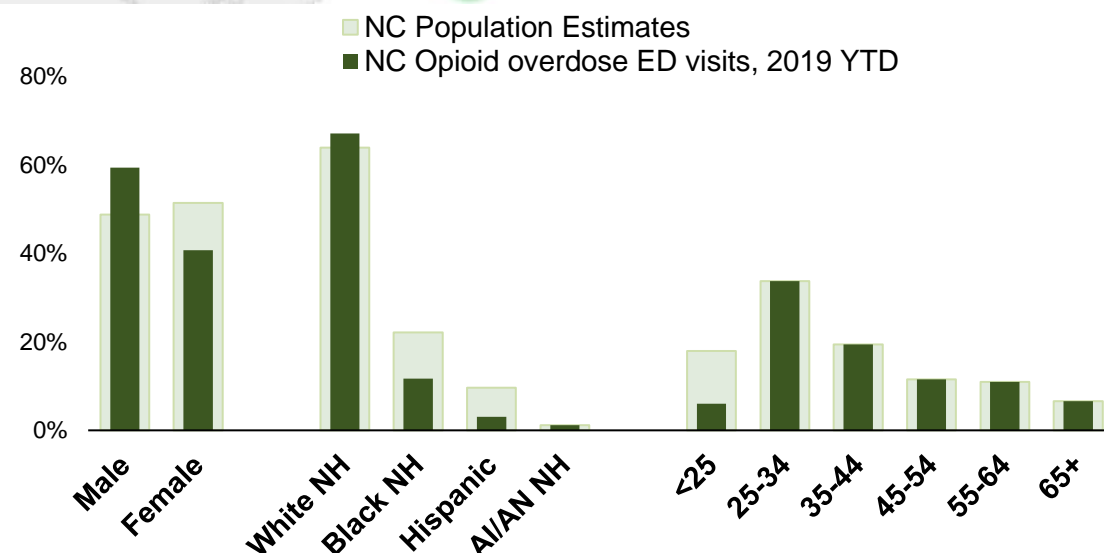
Data Source: NCDETECT: ED; Custom Event: Overdose: Opioid Overdose V.2 (ICD-9/10-CM)

The highest concentration of visits (≥ 5) by zip code occurred in:

Mecklenburg, Davidson, Buncombe, Wayne, and Halifax counties.

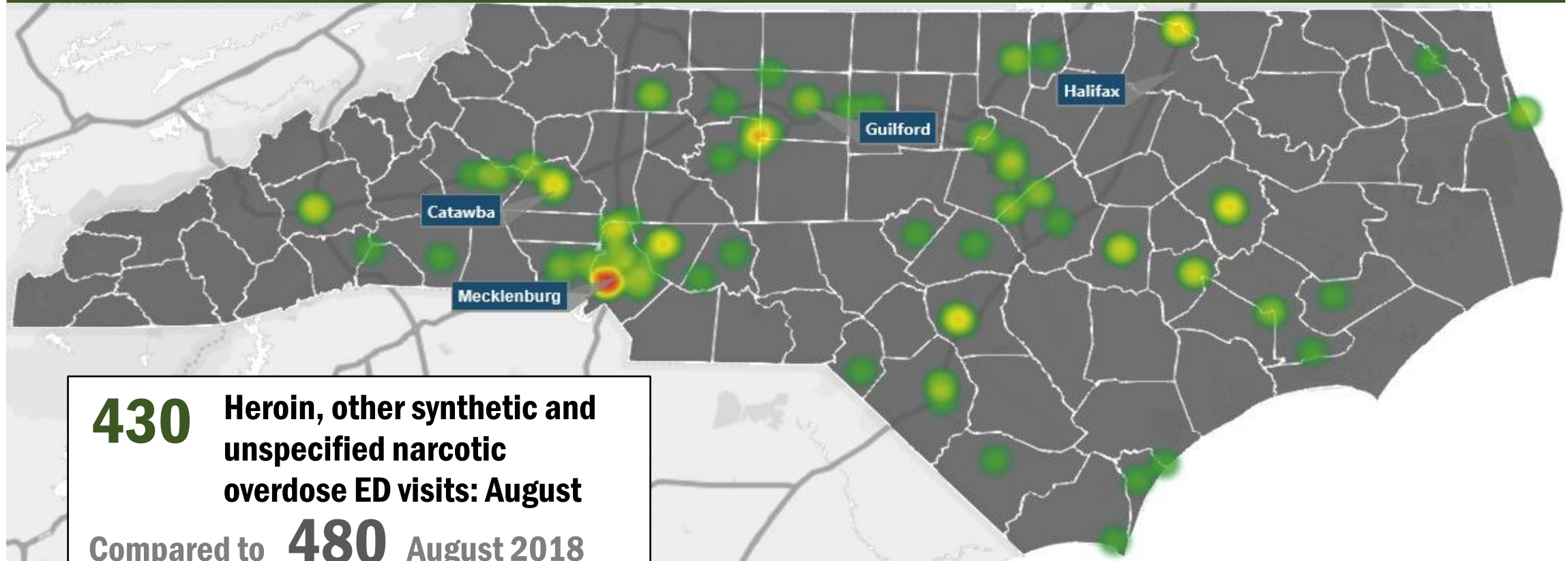
The highest rates of visits (≥ 10) per 100,000 residents occurred in:

Stanly (17.9), Craven (12.7), Burke (11.2), Robeson (9.8), and Catawba (9.5) counties.



Note: NH(Non Hispanic). Counts based on diagnosis (ICD-9/10-CM code) of an opioid overdose of any intent (accidental, intentional, assault, and undetermined) for North Carolina residents. *Emergency department visit data from NC DETECT are provisional and should not be considered final. There may be data quality issues affecting our counts: counties with <10 cases may not be true lack of opioid overdose cases but data quality issues; additionally, some hospitals use non-specific poisoning codes rather than specific opioid poisoning codes.

HEROIN AND OTHER SYNTHETIC/ UNSPECIFIED NARCOTIC OVERDOSE ED VISITS, AUGUST 2019



430 Heroin, other synthetic and unspecified narcotic overdose ED visits: August
Compared to **480** August 2018

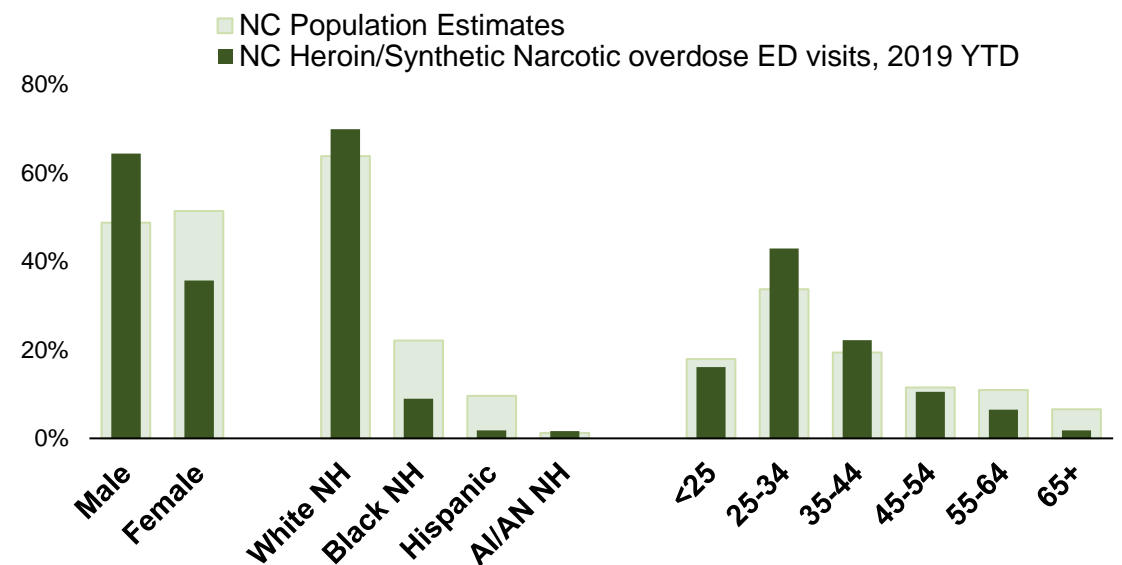
Data Source: NCDETECT: ED; Custom Event: Overdose: Opioid Overdose V.2 (ICD-9/10-CM) searching diagnosis codes for T40.1, T40.4, & T40.6.

The highest concentration of visits (≥ 5) by zip code occurred in:

Mecklenburg and Halifax counties.

The highest rates of visits (≥ 10) per 100,000 residents occurred in:

Catawba (7.6), Guilford (3.8), and Mecklenburg (3.4) counties.



Note: NH(Non Hispanic). Counts based on diagnosis (ICD-9/10-CM code) of a heroin or other synthetic narcotic overdose of any intent (accidental, intentional, assault, and undetermined) for North Carolina residents. *Emergency department visit data from NC DETECT are provisional and should not be considered final. There may be data quality issues affecting our counts: counties with <10 cases may not be true lack of opioid overdose cases but data quality issues; additionally, some hospitals use non-specific poisoning codes rather than specific opioid poisoning codes.